

City of Atlanta
Department of Planning and Community Development
Bureau of Planning, Current Planning Division, Suite 3350
(404) 330-6145

SUBMITTAL CHECKLIST
for
SPECIAL USE APPLICATION

- _____ 1. Submit complete **APPLICATION** with notarized signatures.
- _____ 2. Submit **DOCUMENTED IMPACT ANALYSIS** based on criteria outlined in application form.
- _____ 3. Submit notarized **AUTHORIZATION(S) OF PROPERTY OWNER(S)**, if other than applicant (see Attachment 1).
- _____ 4. Submit **AUTHORIZATION OF ATTORNEY**, if an attorney is filing the application on behalf of a property owner (see Attachment 2).
- _____ 5. Submit a copy of a survey ("plat of survey") and a written **LEGAL DESCRIPTION** in metes and bounds. Application will not be accepted without a legal description.
- _____ 6. Submit fourteen folded copies of a **SITE PLAN**, drawn to scale, showing existing and proposed conditions including streets, footprints of buildings, parking layout, driveways, north arrow, scale, and seal of professional preparer (see **Instructions, item C**).
- _____ 7. File application with Bureau of Planning Current Planning Division.
- _____ 8. Pay fee (see Attachment 3). Make check payable to "City of Atlanta".
- _____ 9. Obtain copy of the **NOTICE TO APPLICANT** regarding the Zoning Review Board (ZRB) hearing date, meeting dates, the Neighborhood Planning Unit (NPU) contact person and the NPU meeting date.
- _____ 10. Consult with NPU contact person and attend necessary meeting(s), including any applicable neighborhood association meetings.
- _____ 11. Attend Zoning Review Board (ZRB) public hearing.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

NOTE: On closing day, applicants must sign in at the Bureau of Planning by 2:00 P.M. to ensure processing and scheduling for the corresponding public hearing date. If the applicant signs in after 2:00, the application will be scheduled for the following month's public hearing (see attached public hearing schedule).

Please do not hesitate to contact the Bureau of Planning to discuss your application with a staff planner after filing your application. The staff recommendation for your application will be available on the Tuesday before the first ZRB hearing of the month.

APPLICATION FOR SPECIAL USE PERMIT

City of Atlanta

Date Filed _____ Application Number _____

I Hereby Request That The Property Described in this Application be granted a Special Use Permit

Name of Applicant _____

Last Name

First Name

M.I.

Address _____ Street Name _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail address _____

Name of Property Owner _____

Last Name

First Name

M.I.

Address _____ Street Name _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail address _____

Description of Property

Address of Property _____ Street Name _____

City _____ State _____ Zip Code _____

The subject property fronts _____ feet on the _____ side of _____

beginning _____ feet from the _____ corner of _____

Depth: _____ Area: _____ Land Lot: _____ Land District: _____ - _____ County, GA.

Property is zoned: _____ Council District: _____ Neighborhood Planning Unit: _____

INSTRUCTIONS

- A. SUMMARY OF PROPOSED PROJECT.** Describe the proposed project in the space provided below. Include the proposed use of each building and all other land uses. This description is required in addition to the Documented Impact Analysis and is not considered a substitute. Should additional space be required please type or print on a separate piece of paper.

- B. DOCUMENTED IMPACT ANALYSIS.** Each application must contain a typed or printed documented analysis of the impact of the proposed Special Use Permit with respect to the City of Atlanta Zoning Ordinance. This analysis should address the following matters.

- Ingress and egress to the property and proposed structure or uses thereon, with particular reference to automotive and pedestrian safety and convenience, traffic flow and control, and emergency access.
- Off-street parking and loading areas where required, with particular attention to the items above.
- Disposal of refuse; Location of service/delivery areas.
- The need (or lack of need) for appropriate buffering or screening to alleviate such potentially adverse effects as may be created by noise, glare, odor, lighting, signs or traffic congestion.
- Proposed Hours and manner of operation. (for example, number of employees, number and ages of clients to be served by your facility, meal programs, if any, etc.)
- Length of time regarding the duration of the request for a Special Use Permit.
- Tree preservation and replacement in accordance with the requirements of the City of Atlanta Tree Ordinance.
- Whether or not required yards and other open spaces are met.

- C. PROCEDURAL REQUIREMENTS.** This application must be accompanied by detailed plans, showing exact lot dimensions, location and size of the buildings, structures existing or improvements to be placed on the site; the specific use of each building, structure, property or part thereof; detailed arrangement or required parking spaces, location and means of ingress and egress. Additional topographic information may be required where deemed necessary by the Zoning Administrator.

The plans shall be prepared signed and sealed by a State of Georgia registered architect, engineer, landscape architect, or planner who holds membership in the American Planning Association, competent in preparation of detailed and accurate plans, drawn to scale. Said person shall indicate on the plan their state registration number and shall certify that they are familiar with the City of Atlanta Zoning Ordinance, including revisions, and that to the best of their ability, these plans are accurate and comply with the general and district regulations of the zoning ordinance.

- D. TREE PRESERVATION.** The City of Atlanta Tree Ordinance requires that “No permit shall be issued for the removal or destruction of any tree unless (1) A tree replacement plan meeting the requirements of Section 158-103 has been approved.” Contact the City Arborist, (404) 330-6150 for details.
- E. PROPERTY DESCRIPTION.** A copy of a recent plat of survey prepared by an engineer or land surveyor registered in the State of Georgia must accompany each application. In addition, a written legal description must be submitted. In cases involving more than one contiguous property, a consolidated legal description of the property must be submitted.
- F. HEARING DATES AND PROCESSING OF APPLICANTS.** See attached Zoning Review Board Schedule.

G. MEETING WITH NEIGHBORHOOD PLANNING UNIT. (NPU) You must contact the appropriate Neighborhood Planning Unit (NPU) within two business days after filing your Special Use Permit application to appear before them prior to the public hearing of the Zoning Review Board. The name and phone number of the contact for the NPU will be provided at the time that you file your application.

H. FEES. See attached fee schedule, *Attachment 3*.

I. AUTHORIZATION TO INSPECT PREMISES. I hereby authorize the staff of the Bureau of Planning of the City of Atlanta to inspect the premises, which are the subject of this Special Use Permit application.

I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Owner or Agent of Owner (Applicant)

Sworn to and subscribed before me this _____ day of _____, 2____.

(Notary Public)

AUTHORIZATION BY PROPERTY OWNER

(Required only if applicant is not the owner of property subject to the proposed Special Use Permit)

I, _____(OWNER'S NAME)

SWEAR AND AFFIRM THAT I AM THE OWNER OF THE PROPERTY AT _____
_____(PROPERTY ADDRESS).

AS SHOWN IN THE RECORDS OF _____ COUNTY, GEORGIA, WHICH
IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE
PERSON NAMED BELOW TO FILE THIS APPLICATION AS MY AGENT.

NAME OF APPLICANT

LAST NAME _____ FIRST NAME _____

ADDRESS _____ STREET NAME _____ SUITE _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER

AREA CODE () NUMBER _____ - _____

Signature of Owner

Print name of owner

Personally Appeared Before Me this _____ day of _____, 2_____.

Notary Public

AUTHORIZATION OF ATTORNEY

I SWEAR AND AFFIRM, AS AN ATTORNEY AT LAW, THAT I HAVE BEEN AUTHORIZED BY THE OWNER OF THE PROPERTY SUBJECT TO THE PROPOSED REZONING TO FILE THIS APPLICATION.

SIGNATURE OF ATTORNEY

NAME

ADDRESS

CITY

STATE

ZIPCODE

TELEPHONE NUMBER

FEE SCHEDULE (Special Use Permit applicants refer to item B. below)

A. REZONING APPLICATIONS. Rezoning application fees shall be based on the zoning district for which an applicant applied and upon the size of the property for which the application is made to the following schedule:

1.) To R-1, R-2, R-2A, R-3, R-3A, R-4, R-4A, or R-4B	\$ 500.00 All Classifications
2.) To R-5, RG, PDH, or MR	
1 acre or less	\$500.00
1+ to 5 acres	\$625.00
5+ to 10 acres	\$750.00
10+ acres	\$1250.00
3.) To R-LC, O-I, C-1, C-2, C-4, C-5, I-1, & or I-2	
1 acre or less	\$1000.00
1+ to 5 acres	\$1500.00
5+ to 10 acres	\$2000.00
10+ acres	\$3000.00
4) To C-3, PD-OC, PD-MU, PD-BP, LW, or MRC	
1 acre or less	\$3000.00
1+ to 5 acres	\$4500.00
5+	\$6000.00
5) To any Special Public Interest (SPI) District	\$3000.00
6) No fee shall be charged for residential rezoning R-1, R-2, R-2A, R-3A, R-4, R-4A, R-4B, R-5, RG, PD-H when consistent with the Comprehensive Development Plan (CDP) land use map.	
B. SPECIAL USE PERMITS	\$400.00 All Classifications
C. SITE PLAN AMENDMENT APPLICATIONS. Site Plan Amendment fees shall be based on the zoning district in which the subject property is located and upon the size of the property for which the application for amendment is made according to the following schedule:	
1) In R-1, R-2, R-2A, R-3, R-3A, R-4, R-4B	\$500.00 All Classifications
2) In R-5, RG, or PD-H	
1 acre or less	\$500.00
1+ to 5 acres	\$625.00
5+ to 10 acres	\$750.00
10+ acres	\$1250.00
3) In R-LC, O-I, C-1, C-2, C-4, C-5, I-1, or I-2	
1 acre or less	\$1000.00
1+ to 5 acres	\$1500.00
5+ to 10 acres	\$2000.00
10+ acres	\$2500.00
4) In C-3, PD-OC, PD-MU, or PD-BP	
1 acre or less	\$2500.00
1+ to 5 acres	\$3250.00
5+	\$4000.00
D. TRANSFER OF OWNERSHIP APPLICATIONS	\$200.00 All Classifications
E. COMPREHENSIVE DEVELOPMENT PLAN (CDP) AMENDMENTS. Applications for Rezoning or Site Plan Amendments that are deemed by the Bureau of Planning to require consideration by the City Council to change the Land Use Element of the CDP shall require, in addition to fees stated elsewhere, a fee of \$1000.00	



**CITY OF ATLANTA
BUREAU OF PLANNING
2005 ZONING REVIEW BOARD SCHEDULE
6:00 P.M., CITY HALL, COUNCIL CHAMBER, SECOND FLOOR**

APPLICATION PERIOD*	ZONING REVIEW BOARD	ZONING COMMITTEE	CITY COUNCIL
October 13, 2004 – November 9, 2004	January 4, 2005 or January 6, 2005	January 26/Feb. 2, 2005	February 7, 2005
November 10, 2004 – December 14, 2005	February 3, 2005 or February 10, 2005	March 2, 2005	March 7, 2005
December 15, 2004 – January 11, 2005	March 3, 2005 or March 10, 2005	March 30, 2005	April 4, 2005
January 12, 2005 – February 8, 2005	April 7, 2005 or April 14, 2005	April 27, 2005	May 2, 2005
February 9, 2005 – March 8, 2005	May 5, 2005 or May 12, 2005	May 25/June 1, 2005	June 6, 2005
March 9, 2005 – April 12, 2005	June 2, 2005 or June 9, 2005	June 29, 2005	July 5, 2005
April 13, 2005 – May 10, 2005	July 7, 2005 or July 14, 2005	July 27, 2005	August 1, 2005
May 11, 2005 – June 14, 2005	August 4, 2005 or August 11, 2005	August 24/31, 2004	September 5, 2005
June 15, 2005 – July 12, 2005	September 1, 2005 or September 8, 2005	September 28, 2005	October 3, 2005
July 13, 2005 – August 9, 2005	October 6, 2005 or October 13, 2005	October 26/Nov. 2, 2005	November 7, 2005
August 10, 2005 – September 13, 2005	November 3, 2005 or November 10, 2005	November 30, 2005	December 5, 2005
September 14, 2005 – October 11, 2005	December 1, 2005 or December 8, 2005	January 2006	January 2006

*Applications are accepted until 2:00 P.M. on the last day of application period.